

PRINT ORDER

You are hereby authorized to manufacture and ship the following described product in accordance with the purchase order and specifications indicated.

DEPARTMENT		REQ. NO.		DATE		PURCHASE ORDER NO.		PRINT ORDER NO.											
CONTRACTOR (215) 855-2293				JACKET NO.		ESTIMATED COST		SHIP/DEL DATE											
TITLE				OBJECT CLASS		STATE CODE		CONTR'S CODE											
PROOFS		SETS		DATE DUE TO GOV'T		DAYS GOV'T WILL HOLD		RETURN DATE TO CONTR.											
Galley								APPROPRIATION CHARGEABLE											
Page								BILLING ADDRESS CODE (BAC)											
Slugs								QUANTITY											
MATERIAL FURNISHED TO CONTRACTOR				COMPOSITION				QUALITY LEVEL											
Manuscript				Phototype Cold Type Hot Metal				TRIM SIZE											
Halftones				Line Illus.				Other											
Camera Copy				Negatives															
Binders																			
TEXT STOCK				COVER STOCK				NO. OF TEXT PAGES (including blanks)											
FOUR COLOR PROCESS PRNTG.				INK				FOLD-IN STOCK											
Cover 1 2 3 4 Text				Cover Text				Face Only Face & Back											
COVER PRINTS				STRIP-INS				NEGATIVES (No. req)											
1 2 3 4				1 2 3 4															
BINDING		1 ULC		Sew		Band in Units of		Drill Round Holes " in diameter on " side inches c. to c.											
		Saddle		Trim 4 Sides		Shrink Film Wrap Units of		Center holes inches from edge of sheet.											
		Side		Perf. on Fold		Other		Pads of sheets/sets each. Pad on the side. Chipboard required.											
		Perfect		Adhesive Strip				Pack per shipping container. Pallets required											
DISTRIBUTION										RETURN NEGS TO GPO FOR STORAGE NO YES									

RETURN ORIG. AND/OR NEGS. TO:

DEPARTMENTAL AUTHORITY (signature and title)		PURCHASE OBLIGATION		DATE SENT TO CONTRACTOR	
--	--	---------------------	--	-------------------------	--

CONTRACTOR TO COMPLETE BOTTOM PORTION AND MAIL ENTIRE FORM TO: COMPTROLLER-FME, FINANCIAL MANAGEMENT SERVICE, U.S. GOVERNMENT PRINTING OFFICE, WASHINGTON, DC 20401

Contractor Invoice No. Date Prepared

Date of Delivery/Shipment Discount Terms

ARTICLES OR SERVICES	QUANTITY	COST	UNIT PRICE PER	AMOUNT
IF ADDITIONAL SPACE IS REQUIRED USE STD FORM 1034, 1035, OR ATTACH YOUR INVOICE			TOTAL	

I CERTIFY THAT THE MATERIALS, GOODS, OR SERVICES HAVE BEEN DELIVERED/SHIPPED ON THE DATE INDICATED ABOVE, AND THAT PAYMENT OR CREDIT HAS NOT BEEN RECEIVED.